

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 1 OF 36  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00075820	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee <b>NATIONAL MEDIA RESEARCH PLANNING &amp; PLACEMENT LLC</b>		Date M M / D D / Y Y Y Y Y Y <b>10 / 12 / 2012</b>	
Mailing Address <b>815 SLATERS LANE</b>		Amount <b>213904.07</b>	
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>	Transaction ID : <b>SE24-0.031843</b>
Purpose of Expenditure <b>MEDIA</b>	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>AZ</b> District: <b>01</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>ANN KIRKPATRICK</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>1377345.23</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee <b>NATIONAL MEDIA RESEARCH PLANNING &amp; PLACEMENT LLC</b>		Date M M / D D / Y Y Y Y Y Y <b>10 / 12 / 2012</b>	
Mailing Address <b>815 SLATERS LANE</b>		Amount <b>56607.07</b>	
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>	Transaction ID : <b>SE24-0.031844</b>
Purpose of Expenditure <b>MEDIA</b>	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>AZ</b> District: <b>02</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>MARTHA MCSALLY</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>269417.30</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>270511.14</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

KEITH DAVIS

Signature

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
**10 / 12 / 2012**

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 2 OF 36  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00075820	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div>	

Full Name (Last, First, Middle Initial) of Payee <b>NATIONAL MEDIA RESEARCH PLANNING &amp; PLACEMENT LLC</b>			Date MM / DD / YYYY <b>10 / 12 / 2012</b>	
Mailing Address <b>815 SLATERS LANE</b>			Amount <b>56607.08</b>	
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>	Transaction ID : <b>SE24-0.031890</b>	
Purpose of Expenditure <b>MEDIA</b>		Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>AZ</b> District: <b>02</b>	
Name of Federal Candidate Supported or Opposed by Expenditure: <b>RONALD BARBER</b>			Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>269417.30</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee <b>NATIONAL MEDIA RESEARCH PLANNING &amp; PLACEMENT LLC</b>			Date MM / DD / YYYY <b>10 / 12 / 2012</b>	
Mailing Address <b>815 SLATERS LANE</b>			Amount <b>207911.76</b>	
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>	Transaction ID : <b>SE24-0.031845</b>	
Purpose of Expenditure <b>MEDIA</b>		Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>AZ</b> District: <b>09</b>	
Name of Federal Candidate Supported or Opposed by Expenditure: <b>KYRSTEN SINEMA</b>			Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>911020.17</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>264518.84</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

KEITH DAVIS

Signature

[Electronically Filed]

Date

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

**10 / 12 / 2012**

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

FEC IDENTIFICATION NUMBER ▼

C C00075820

Check If ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on

M M M / D D D / Y Y Y Y Y Y

Full Name (Last, First, Middle Initial) of Payee

DMM MEDIA LLC

Date

M M M / D D D / Y Y Y Y Y Y  
10 / 12 / 2012Mailing Address 3299 K ST NW  
SUITE 200

Amount

29483.16

City State Zip Code  
WASHINGTON DC 20007

Transaction ID : SE24-0.031905

Purpose of Expenditure  
MEDIACategory/  
TypeOffice Sought: ☒ House State: CA  
☐ Senate District: 07  
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

AMERISH BERA

Check One: ☐ Support ☒ OpposeCalendar Year-To-Date Per Election  
for Office Sought

1703763.20

Disbursement For: ☐ Primary ☒ General  
2012 ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

NATIONAL MEDIA RESEARCH PLANNING &amp; PLACEMENT LLC

Date

M M M / D D D / Y Y Y Y Y Y  
10 / 12 / 2012

Mailing Address 815 SLATERS LANE

Amount

500386.91

City State Zip Code  
ALEXANDRIA VA 22314

Transaction ID : SE24-0.031841

Purpose of Expenditure  
MEDIACategory/  
TypeOffice Sought: ☒ House State: CA  
☐ Senate District: 07  
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

AMERISH BERA

Check One: ☐ Support ☒ OpposeCalendar Year-To-Date Per Election  
for Office Sought

1703763.20

Disbursement For: ☐ Primary ☒ General  
2012 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

529870.07

(b) SUBTOTAL of Unitemized Independent Expenditures .....▶

(c) TOTAL Independent Expenditures.....▶

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KEITH DAVIS

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
10 / 12 / 2012

Signature

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 4 OF 36  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

FEC IDENTIFICATION NUMBER ▼

C C00075820

Check If ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on

MM / DD / YYYY  
 / /

Full Name (Last, First, Middle Initial) of Payee

NORTH STAR OPINION RESEARCH

Date

MM / DD / YYYY  
10 / 12 / 2012

Mailing Address 112 N ALFRED ST

City  
ALEXANDRIAState  
VAZip Code  
22314

Amount

12500.00

Transaction ID : SE24-0.031903

Purpose of Expenditure  
SURVEY RESEARCHCategory/  
Type

Office Sought:

☒ House

State: CA

☐ Senate

District: 07

☐ President

Check One:

☐ Support☒ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

AMERISH BERA

Calendar Year-To-Date Per Election  
for Office Sought

1703763.20

Disbursement For: ☐ Primary ☒ General  
2012 ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

NATIONAL MEDIA RESEARCH PLANNING &amp; PLACEMENT LLC

Date

MM / DD / YYYY  
10 / 12 / 2012

Mailing Address 815 SLATERS LANE

City  
ALEXANDRIAState  
VAZip Code  
22314

Amount

498413.33

Transaction ID : SE24-0.031840

Purpose of Expenditure  
MEDIACategory/  
Type

Office Sought:

☒ House

State: CA

☐ Senate

District: 09

☐ President

Check One:

☐ Support☒ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

JERRY MCNERNEY

Calendar Year-To-Date Per Election  
for Office Sought

1744697.43

Disbursement For: ☐ Primary ☒ General  
2012 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

510913.33

(b) SUBTOTAL of Unitemized Independent Expenditures .....▶

(c) TOTAL Independent Expenditures.....▶

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KEITH DAVIS

Signature

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Date

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10 / 12 / 2012

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00075820       </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name (Last, First, Middle Initial) of Payee <b>ONMESSAGE INC</b>		Date MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 12 / 2012</div>	
Mailing Address 2130 PRIEST BRIDGE DR # 11		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">19029.44</div>	
City <b>CROFTON</b>	State <b>MD</b>	Zip Code <b>21114</b>	Transaction ID : <b>SE24-0.031899</b>
Purpose of Expenditure <b>MEDIA</b>	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>CA</b> District: <b>09</b>	
Name of Federal Candidate Supported or Opposed by Expenditure: <b>JERRY MCNERNEY</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1744697.43</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee <b>PUBLIC OPINION STRATEGIES</b>		Date MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 12 / 2012</div>	
Mailing Address 214 N FAYETTE ST		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">12500.00</div>	
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>	Transaction ID : <b>SE24-0.031898</b>
Purpose of Expenditure <b>SURVEY RESEARCH</b>	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>CA</b> District: <b>09</b>	
Name of Federal Candidate Supported or Opposed by Expenditure: <b>JERRY MCNERNEY</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1744697.43</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">31529.44</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

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KEITH DAVIS

Signature

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Date

MM / DD / YYYY  
 10 / 12 / 2012

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 6 OF 36  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

FEC IDENTIFICATION NUMBER ▼

C

C00075820

Check If ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on

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D D D /

Y Y Y Y Y Y

Full Name (Last, First, Middle Initial) of Payee

FP1 STRATEGIES LLC

Date

M M M /

D D D /

Y Y Y Y Y Y

Mailing Address PO BOX 16504

Amount

City

ALEXANDRIA

State

VA

Zip Code

22302

Purpose of Expenditure  
MEDIACategory/  
Type

Office Sought:

☒ House

State: CA

☐ Senate

District: 24

☐ President

Check One:

☐ Support☒ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

LOIS CAPPS

Calendar Year-To-Date Per Election  
for Office Sought

658253.93

Disbursement For: ☐ Primary ☒ General  
2012 ☐ Other (specify) ▶

Transaction ID : SE24-0.031911

Full Name (Last, First, Middle Initial) of Payee

NATIONAL MEDIA RESEARCH PLANNING &amp; PLACEMENT LLC

Date

M M M /

D D D /

Y Y Y Y Y Y

Mailing Address 815 SLATERS LANE

Amount

City

ALEXANDRIA

State

VA

Zip Code

22314

Purpose of Expenditure  
MEDIACategory/  
Type

Office Sought:

☒ House

State: CA

☐ Senate

District: 24

☐ President

Check One:

☐ Support☒ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

LOIS CAPPS

Calendar Year-To-Date Per Election  
for Office Sought

658253.93

Disbursement For: ☐ Primary ☒ General  
2012 ☐ Other (specify) ▶

Transaction ID : SE24-0.031839

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

122880.84

(b) SUBTOTAL of Unitemized Independent Expenditures .....▶

(c) TOTAL Independent Expenditures.....▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

KEITH DAVIS

Signature

[Electronically Filed]

Date

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# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00075820	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee <b>CHRIS MOTTOLA CONSULTING, INC.</b>		Date M M M / D D D / Y Y Y Y Y Y <b>10 / 12 / 2012</b>	
Mailing Address <b>1382 LAFAYETTE ST</b>		Amount <b>23612.00</b>	
City <b>CAPE MAY</b>	State <b>NJ</b>	Zip Code <b>08204</b>	Transaction ID : <b>SE24-0.031906</b>
Purpose of Expenditure <b>MEDIA</b>	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>CA</b> District: <b>52</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>SCOTT PETERS</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>2015837.00</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee <b>NATIONAL MEDIA RESEARCH PLANNING &amp; PLACEMENT LLC</b>		Date M M M / D D D / Y Y Y Y Y Y <b>10 / 12 / 2012</b>	
Mailing Address <b>815 SLATERS LANE</b>		Amount <b>357654.47</b>	
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>	Transaction ID : <b>SE24-0.031838</b>
Purpose of Expenditure <b>MEDIA</b>	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>CA</b> District: <b>52</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>SCOTT PETERS</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>2015837.00</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>381266.47</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

KEITH DAVIS

Signature

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
**10 / 12 / 2012**

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 8 OF 36  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00075820	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>NATIONAL MEDIA RESEARCH PLANNING &amp; PLACEMENT LLC</b>		Date MM / DD / YYYY <b>10 / 12 / 2012</b>	
Mailing Address <b>815 SLATERS LANE</b>		Amount <b>502826.81</b>	
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>	Transaction ID : <b>SE24-0.031824</b>
Purpose of Expenditure <b>MEDIA</b>	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>CO</b> District: <b>06</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>JOE MIKLOSI</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>1615095.64</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <b>NORTH STAR OPINION RESEARCH</b>		Date MM / DD / YYYY <b>10 / 12 / 2012</b>	
Mailing Address <b>112 N ALFRED ST</b>		Amount <b>12500.00</b>	
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>	Transaction ID : <b>SE24-0.031928</b>
Purpose of Expenditure <b>SURVEY RESEARCH</b>	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>CO</b> District: <b>06</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>JOE MIKLOSI</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>1615095.64</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<b>515326.81</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

KEITH DAVIS

Signature

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 12 / 2012**



# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 9 OF 36  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00075820	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div>	

Full Name (Last, First, Middle Initial) of Payee <b>SCOTT HOWELL AND COMPANY LP</b>			Date MM / DD / YYYY <b>10 / 12 / 2012</b>	
Mailing Address 3900 WILLOW ST STE 200			Amount <b>19950.00</b>	
City <b>DALLAS</b>	State <b>TX</b>	Zip Code <b>75226</b>	Transaction ID : <b>SE24-0.031931</b>	
Purpose of Expenditure <b>MEDIA</b>		Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: <b>CO</b> <input type="checkbox"/> Senate District: <b>06</b> <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: <b>JOE MIKLOSI</b>			Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>1615095.64</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee <b>NATIONAL MEDIA RESEARCH PLANNING &amp; PLACEMENT LLC</b>			Date MM / DD / YYYY <b>10 / 12 / 2012</b>	
Mailing Address 815 SLATERS LANE			Amount <b>76245.06</b>	
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>	Transaction ID : <b>SE24-0.031821</b>	
Purpose of Expenditure <b>MEDIA</b>		Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: <b>FL</b> <input type="checkbox"/> Senate District: <b>02</b> <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: <b>ALFRED J LAWSON JR</b>			Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>195441.22</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>96195.06</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

KEITH DAVIS

[Electronically Filed]

Signature

Date

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

**10 / 12 / 2012**

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 10 OF 36  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00075820         </div>	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">             M M M / D D D / Y Y Y Y Y Y           </div>			
Full Name (Last, First, Middle Initial) of Payee <b>ANTHEM MEDIA INC</b>		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-right: 10px;">             M M / D D / Y Y Y Y Y Y              10 / 12 / 2012           </div>	
Mailing Address 5524 BEE CAVES RD STE B5		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; width: 150px; text-align: right;">             21250.00           </div>	
City AUSTIN	State TX	Zip Code 78746	Transaction ID : <b>SE24-0.031902</b>
Purpose of Expenditure MEDIA	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: <u>GA</u> <input type="checkbox"/> Senate District: <u>12</u> <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN BARROW		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
<div style="display: inline-block; border: 1px solid black; padding: 2px; width: 150px; text-align: right;">             1240458.94           </div>		<div style="display: inline-block; border: 1px solid black; padding: 2px; width: 150px; text-align: right;">             2012           </div>	
Full Name (Last, First, Middle Initial) of Payee <b>NATIONAL MEDIA RESEARCH PLANNING &amp; PLACEMENT LLC</b>		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-right: 10px;">             M M / D D / Y Y Y Y Y Y              10 / 12 / 2012           </div>	
Mailing Address 815 SLATERS LANE		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; width: 150px; text-align: right;">             185254.26           </div>	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : <b>SE24-0.031842</b>
Purpose of Expenditure MEDIA	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: <u>GA</u> <input type="checkbox"/> Senate District: <u>12</u> <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN BARROW		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
<div style="display: inline-block; border: 1px solid black; padding: 2px; width: 150px; text-align: right;">             1240458.94           </div>		<div style="display: inline-block; border: 1px solid black; padding: 2px; width: 150px; text-align: right;">             2012           </div>	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....		<div style="display: inline-block; border: 1px solid black; padding: 2px; width: 150px; text-align: right;">             206504.26           </div>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....		<div style="display: inline-block; border: 1px solid black; padding: 2px; width: 150px; text-align: right;">             0.00           </div>	
(c) <b>TOTAL</b> Independent Expenditures.....		<div style="display: inline-block; border: 1px solid black; padding: 2px; width: 150px; text-align: right;">             206504.26           </div>	
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p>			
Signature <u>KEITH DAVIS</u>		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">             M M / D D / Y Y Y Y Y Y              10 / 12 / 2012           </div>	
[Electronically Filed]			

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 11 OF 36  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

FEC IDENTIFICATION NUMBER ▼

C C00075820

Check If ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on

MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee

NORTH STAR OPINION RESEARCH

Date

MM / DD / YYYY

Mailing Address 112 N ALFRED ST

Amount

38000.00

City  
ALEXANDRIAState  
VAZip Code  
22314

Transaction ID : SE24-0.031901

Purpose of Expenditure  
SURVEY RESEARCHCategory/  
Type

Office Sought: ☒ House State: GA  
☐ Senate District: 12  
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

JOHN BARROW

Check One: ☐ Support ☒ OpposeCalendar Year-To-Date Per Election  
for Office Sought

1240458.94

Disbursement For: ☐ Primary ☒ General  
2012 ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

NATIONAL MEDIA RESEARCH PLANNING &amp; PLACEMENT LLC

Date

MM / DD / YYYY

Mailing Address 815 SLATERS LANE

Amount

106626.66

City  
ALEXANDRIAState  
VAZip Code  
22314

Transaction ID : SE24-0.031846

Purpose of Expenditure  
MEDIACategory/  
Type

Office Sought: ☒ House State: IA  
☐ Senate District: 02  
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

DAVID W LOEBSACK

Check One: ☐ Support ☒ OpposeCalendar Year-To-Date Per Election  
for Office Sought

768006.32

Disbursement For: ☐ Primary ☒ General  
2012 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

144626.66

(b) SUBTOTAL of Unitemized Independent Expenditures .....▶

(c) TOTAL Independent Expenditures.....▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

KEITH DAVIS

Signature

[Electronically Filed]

Date

MM / DD / YYYY

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 12 OF 36  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00075820	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee <b>NATIONAL MEDIA RESEARCH PLANNING &amp; PLACEMENT LLC</b>			Date M M M / D D D / Y Y Y Y Y Y <b>10 / 12 / 2012</b>	
Mailing Address <b>815 SLATERS LANE</b>			Amount <b>100669.03</b>	
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>	Transaction ID : <b>SE24-0.031847</b>	
Purpose of Expenditure <b>MEDIA</b>		Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: <b>IL</b> <input type="checkbox"/> Senate District: <b>08</b> <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: <b>TAMMY L DUCKWORTH</b>			Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>241848.06</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee <b>NATIONAL MEDIA RESEARCH PLANNING &amp; PLACEMENT LLC</b>			Date M M M / D D D / Y Y Y Y Y Y <b>10 / 12 / 2012</b>	
Mailing Address <b>815 SLATERS LANE</b>			Amount <b>400589.40</b>	
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>	Transaction ID : <b>SE24-0.031858</b>	
Purpose of Expenditure <b>MEDIA</b>		Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: <b>IL</b> <input type="checkbox"/> Senate District: <b>10</b> <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BRADLEY S SCHNEIDER</b>			Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>1208937.86</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>501258.43</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

KEITH DAVIS

Signature

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
**10 / 12 / 2012**

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 13 OF 36  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

FEC IDENTIFICATION NUMBER ▼

C

C00075820

Check If ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on

M M M /

D D D /

Y Y Y Y Y Y

Full Name (Last, First, Middle Initial) of Payee

SCOTT HOWELL AND COMPANY LP

Date

M M M /

D D D /

Y Y Y Y Y Y

Mailing Address 3900 WILLOW ST

STE 200

Amount

12525.00

City

DALLAS

State

TX

Zip Code

75226

Transaction ID : SE24-0.031897

Purpose of Expenditure  
MEDIACategory/  
Type

Office Sought:

☒

House

State: IL

☐

Senate

District: 10

☐

President

Check One:

☐

Support

☒

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

BRADLEY S SCHNEIDER

Calendar Year-To-Date Per Election  
for Office Sought

1208937.86

Disbursement For: ☐ Primary☒

General

☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

NATIONAL MEDIA RESEARCH PLANNING &amp; PLACEMENT LLC

Date

M M M /

D D D /

Y Y Y Y Y Y

Mailing Address 815 SLATERS LANE

Amount

401090.12

City

ALEXANDRIA

State

VA

Zip Code

22314

Transaction ID : SE24-0.031832

Purpose of Expenditure  
MEDIACategory/  
Type

Office Sought:

☒

House

State: IL

☐

Senate

District: 11

☐

President

Check One:

☐

Support

☒

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

WILLIAM G FOSTER

Calendar Year-To-Date Per Election  
for Office Sought

760057.50

Disbursement For: ☐ Primary☒

General

☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

413615.12

(b) SUBTOTAL of Unitemized Independent Expenditures .....▶

(c) TOTAL Independent Expenditures.....▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

KEITH DAVIS

Signature

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 14 OF 36  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

FEC IDENTIFICATION NUMBER ▼

C C00075820

Check If ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on

MM / DD / YYYY  
 MM / DD / YYYY  
 MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee

ONMESSAGE INC

Date

MM / DD / YYYY  
 10 / 12 / 2012

Mailing Address 2130 PRIEST BRIDGE DR # 11

Amount

18800.00

City

CROFTON

State

MD

Zip Code

21114

Transaction ID : SE24-0.031900

Purpose of Expenditure  
MEDIACategory/  
Type

Office Sought:

☒

House

State: IL

☐

Senate

District: 11

☐

President

Check One:

☐

Support

☒

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

WILLIAM G FOSTER

Calendar Year-To-Date Per Election  
for Office Sought

760057.50

Disbursement For: ☐ Primary ☒ General  
2012 ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

ONMESSAGE INC

Date

MM / DD / YYYY  
 10 / 12 / 2012

Mailing Address 2130 PRIEST BRIDGE DR # 11

Amount

15200.00

City

CROFTON

State

MD

Zip Code

21114

Transaction ID : SE24-0.031954

Purpose of Expenditure  
MEDIACategory/  
Type

Office Sought:

☒

House

State: IL

☐

Senate

District: 11

☐

President

Check One:

☐

Support

☒

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

WILLIAM G FOSTER

Calendar Year-To-Date Per Election  
for Office Sought

760057.50

Disbursement For: ☐ Primary ☒ General  
2012 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

34000.00

(b) SUBTOTAL of Unitemized Independent Expenditures .....▶

(c) TOTAL Independent Expenditures.....▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

KEITH DAVIS

Signature

[Electronically Filed]

Date

MM / DD / YYYY  
 10 / 12 / 2012

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 15 OF 36  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00075820	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee <b>NATIONAL MEDIA RESEARCH PLANNING &amp; PLACEMENT LLC</b>			Date M M M / D D D / Y Y Y Y Y Y <b>10 / 12 / 2012</b>	
Mailing Address <b>815 SLATERS LANE</b>			Amount <b>141634.48</b>	
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>	Transaction ID : <b>SE24-0.031859</b>	
Purpose of Expenditure <b>MEDIA</b>		Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: <b>IL</b> <input type="checkbox"/> Senate District: <b>12</b> <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: <b>WILLIAM L ENYART JR</b>			Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>879464.93</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee <b>NATIONAL MEDIA RESEARCH PLANNING &amp; PLACEMENT LLC</b>			Date M M M / D D D / Y Y Y Y Y Y <b>10 / 12 / 2012</b>	
Mailing Address <b>815 SLATERS LANE</b>			Amount <b>218471.76</b>	
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>	Transaction ID : <b>SE24-0.031860</b>	
Purpose of Expenditure <b>MEDIA</b>		Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: <b>IL</b> <input type="checkbox"/> Senate District: <b>13</b> <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: <b>DAVID GILL</b>			Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>804065.90</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>360106.24</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

KEITH DAVIS

Signature

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
**10 / 12 / 2012**

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 16 OF 36  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00075820	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee <b>NATIONAL MEDIA RESEARCH PLANNING &amp; PLACEMENT LLC</b>		Date M M / D D / Y Y Y Y Y Y <b>10 / 12 / 2012</b>	
Mailing Address <b>815 SLATERS LANE</b>		Amount <b>172711.50</b>	
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>	Transaction ID : <b>SE24-0.031849</b>
Purpose of Expenditure <b>MEDIA</b>	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>IL</b> District: <b>17</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>CHERI BUSTOS</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>1408500.80</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee <b>NATIONAL MEDIA RESEARCH PLANNING &amp; PLACEMENT LLC</b>		Date M M / D D / Y Y Y Y Y Y <b>10 / 12 / 2012</b>	
Mailing Address <b>815 SLATERS LANE</b>		Amount <b>84307.30</b>	
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>	Transaction ID : <b>SE24-0.031834</b>
Purpose of Expenditure <b>MEDIA</b>	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>KY</b> District: <b>06</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>A. B. CHANDLER III</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>796141.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>257018.80</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

KEITH DAVIS

[Electronically Filed]

Signature

Date

M M / D D / Y Y Y Y Y Y  
**10 / 12 / 2012**



# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 17 OF 36  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00075820	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>NATIONAL MEDIA RESEARCH PLANNING &amp; PLACEMENT LLC</b>		Date MM / DD / YYYY <b>10 / 12 / 2012</b>	
Mailing Address <b>815 SLATERS LANE</b>		Amount <b>327714.60</b>	
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>	Transaction ID : <b>SE24-0.031850</b>
Purpose of Expenditure <b>MEDIA</b>	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>MA</b> District: <b>06</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>JOHN F TIERNEY</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>1551107.56</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <b>COLD HARBOR FILMS</b>		Date MM / DD / YYYY <b>10 / 12 / 2012</b>	
Mailing Address <b>815 SLATERS LN</b>		Amount <b>18141.60</b>	
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>	Transaction ID : <b>SE24-0.031915</b>
Purpose of Expenditure <b>MEDIA</b>	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>MI</b> District: <b>01</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>GARY J MCDOWELL</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>1056339.84</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<b>345856.20</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

KEITH DAVIS

[Electronically Filed]

Signature

Date

MM / DD / YYYY  
**10 / 12 / 2012**

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 18 OF 36  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

FEC IDENTIFICATION NUMBER ▼

C C00075820

Check If ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on

MM / DD / YYYY  
 MM / DD / YYYY  
 MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee

MCLAUGHLIN AND ASSOCIATES INC

Date

MM / DD / YYYY  
 10 / 12 / 2012

Mailing Address 566 S RT 303

Amount

12500.00

City

BLAUVELT

State

NY

Zip Code

10913

Transaction ID : SE24-0.031913

Purpose of Expenditure  
SURVEY RESEARCHCategory/  
Type

Office Sought:

☒

House

State: MI

☐

Senate

District: 01

☐

President

Check One:

☐

Support

☒

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

GARY J MCDOWELL

Calendar Year-To-Date Per Election  
for Office Sought

1056339.84

Disbursement For: ☐ Primary ☒ General  
2012 ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

MCLAUGHLIN AND ASSOCIATES INC

Date

MM / DD / YYYY  
 10 / 12 / 2012

Mailing Address 566 S RT 303

Amount

38000.00

City

BLAUVELT

State

NY

Zip Code

10913

Transaction ID : SE24-0.031914

Purpose of Expenditure  
SURVEY RESEARCHCategory/  
Type

Office Sought:

☒

House

State: MI

☐

Senate

District: 01

☐

President

Check One:

☐

Support

☒

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

GARY J MCDOWELL

Calendar Year-To-Date Per Election  
for Office Sought

1056339.84

Disbursement For: ☐ Primary ☒ General  
2012 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

50500.00

(b) SUBTOTAL of Unitemized Independent Expenditures .....▶

(c) TOTAL Independent Expenditures.....▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

KEITH DAVIS

[Electronically Filed]

Date

MM / DD / YYYY  
 10 / 12 / 2012

Signature

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 19 OF 36  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00075820	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div>	

Full Name (Last, First, Middle Initial) of Payee <b>NATIONAL MEDIA RESEARCH PLANNING &amp; PLACEMENT LLC</b>		Date MM / DD / YYYY <b>10 / 12 / 2012</b>	
Mailing Address <b>815 SLATERS LANE</b>		Amount <b>136985.08</b>	
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>	Transaction ID : <b>SE24-0.031829</b>
Purpose of Expenditure <b>MEDIA</b>	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>MI</b> District: <b>01</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>GARY J MCDOWELL</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>1056339.84</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <b>BRABENDER COX</b>		Date MM / DD / YYYY <b>10 / 12 / 2012</b>	
Mailing Address <b>1218 GRANDVIEW AVE</b>		Amount <b>21000.00</b>	
City <b>PITTSBURGH</b>	State <b>PA</b>	Zip Code <b>15211</b>	Transaction ID : <b>SE24-0.031922</b>
Purpose of Expenditure <b>MEDIA</b>	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>MN</b> District: <b>08</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>RICHARD M NOLAN</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>1131443.26</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<b>157985.08</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

KEITH DAVIS

Signature

[Electronically Filed]

Date

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

**10 / 12 / 2012**

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 20 OF 36  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00075820	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>NATIONAL MEDIA RESEARCH PLANNING &amp; PLACEMENT LLC</b>		Date MM / DD / YYYY <b>10 / 12 / 2012</b>	
Mailing Address <b>815 SLATERS LANE</b>		Amount <b>194446.53</b>	
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>	Transaction ID : <b>SE24-0.031827</b>
Purpose of Expenditure <b>MEDIA</b>	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>MN</b> District: <b>08</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>RICHARD M NOLAN</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>1131443.26</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <b>THE TARRANCE GROUP</b>		Date MM / DD / YYYY <b>10 / 12 / 2012</b>	
Mailing Address <b>201 N UNION ST</b> <b>STE 410</b>		Amount <b>12500.00</b>	
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>	Transaction ID : <b>SE24-0.031919</b>
Purpose of Expenditure <b>SURVEY RESEARCH</b>	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>MN</b> District: <b>08</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>RICHARD M NOLAN</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>1131443.26</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<b>206946.53</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

KEITH DAVIS

Signature

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 12 / 2012**

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 21 OF 36  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00075820         </div>	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">             M M M / D D D / Y Y Y Y Y Y           </div>			
Full Name (Last, First, Middle Initial) of Payee <b>NATIONAL MEDIA RESEARCH PLANNING &amp; PLACEMENT LLC</b>		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-right: 10px;">             M M / D D / Y Y Y Y Y Y           </div> 10 / 12 / 2012	
Mailing Address <b>815 SLATERS LANE</b>		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; width: 100%;">             188407.54           </div>	
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>	Transaction ID : <b>SE24-0.031828</b>
Purpose of Expenditure <b>MEDIA</b>		Category/Type <div style="border: 1px solid black; padding: 2px; width: 50px;"> </div>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>NC</b> District: <b>07</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>MIKE MCINTYRE</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; width: 150px;">             1682212.05           </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)	
Full Name (Last, First, Middle Initial) of Payee <b>ONMESSAGE INC</b>		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-right: 10px;">             M M / D D / Y Y Y Y Y Y           </div> 10 / 12 / 2012	
Mailing Address <b>2130 PRIEST BRIDGE DR # 11</b>		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; width: 100%;">             38000.00           </div>	
City <b>CROFTON</b>	State <b>MD</b>	Zip Code <b>21114</b>	Transaction ID : <b>SE24-0.031916</b>
Purpose of Expenditure <b>SURVEY RESEARCH</b>		Category/Type <div style="border: 1px solid black; padding: 2px; width: 50px;"> </div>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>NC</b> District: <b>07</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>MIKE MCINTYRE</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; width: 150px;">             1682212.05           </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....		<div style="display: inline-block; border: 1px solid black; padding: 2px; width: 150px;">             226407.54           </div>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....		<div style="display: inline-block; border: 1px solid black; padding: 2px; width: 150px;"> </div>	
(c) <b>TOTAL</b> Independent Expenditures.....		<div style="display: inline-block; border: 1px solid black; padding: 2px; width: 150px;"> </div>	
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p>			
Signature <u>KEITH DAVIS</u>		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">             M M / D D / Y Y Y Y Y Y           </div> 10 / 12 / 2012	
[Electronically Filed]			

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 22 OF 36  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00075820	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div>	

Full Name (Last, First, Middle Initial) of Payee <b>ONMESSAGE INC</b>			Date MM / DD / YYYY <b>10 / 12 / 2012</b>	
Mailing Address <b>2130 PRIEST BRIDGE DR # 11</b>			Amount <b>12500.00</b>	
City <b>CROFTON</b>	State <b>MD</b>	Zip Code <b>21114</b>	Transaction ID : <b>SE24-0.031917</b>	
Purpose of Expenditure <b>SURVEY RESEARCH</b>		Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>NC</b> District: <b>07</b>	
Name of Federal Candidate Supported or Opposed by Expenditure: <b>MIKE MCINTYRE</b>			Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>1682212.05</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee <b>ROTTERMAN &amp; ASSOCIATES</b>			Date MM / DD / YYYY <b>10 / 12 / 2012</b>	
Mailing Address <b>PO BOX 99667</b>			Amount <b>20193.44</b>	
City <b>RALEIGH</b>	State <b>NC</b>	Zip Code <b>27624</b>	Transaction ID : <b>SE24-0.031918</b>	
Purpose of Expenditure <b>MEDIA</b>		Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>NC</b> District: <b>07</b>	
Name of Federal Candidate Supported or Opposed by Expenditure: <b>MIKE MCINTYRE</b>			Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>1682212.05</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>32693.44</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

KEITH DAVIS

Signature

[Electronically Filed]

Date

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

**10 / 12 / 2012**

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 23 OF 36  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00075820	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div>	

Full Name (Last, First, Middle Initial) of Payee <b>NATIONAL MEDIA RESEARCH PLANNING &amp; PLACEMENT LLC</b>		Date MM / DD / YYYY <b>10 / 12 / 2012</b>	
Mailing Address <b>815 SLATERS LANE</b>		Amount <b>140956.96</b>	
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>	Transaction ID : <b>SE24-0.031851</b>
Purpose of Expenditure <b>MEDIA</b>	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>NC</b> District: <b>08</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>LARRY W KISSELL</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>954651.35</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <b>NATIONAL MEDIA RESEARCH PLANNING &amp; PLACEMENT LLC</b>		Date MM / DD / YYYY <b>10 / 12 / 2012</b>	
Mailing Address <b>815 SLATERS LANE</b>		Amount <b>144788.59</b>	
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>	Transaction ID : <b>SE24-0.031852</b>
Purpose of Expenditure <b>MEDIA</b>	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>NH</b> District: <b>01</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>CAROL SHEA-PORTER</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>338233.32</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<b>285745.55</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

KEITH DAVIS

Signature

[Electronically Filed]

Date

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

**10 / 12 / 2012**

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 24 OF 36  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

FEC IDENTIFICATION NUMBER ▼

C

C00075820

Check If ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on

M M M /

D D D /

Y Y Y Y Y Y

Full Name (Last, First, Middle Initial) of Payee

NATIONAL MEDIA RESEARCH PLANNING &amp; PLACEMENT LLC

Date

M M M /

D D D /

Y Y Y Y Y Y

Mailing Address 815 SLATERS LANE

Amount

City

ALEXANDRIA

State

VA

Zip Code

22314

Purpose of Expenditure  
MEDIACategory/  
Type

Office Sought:

☒

House

State: NH

☐

Senate

District: 02

☐

President

Check One:

☐

Support

☒

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

ANN MCLANE KUSTER

Calendar Year-To-Date Per Election  
for Office Sought

1004328.27

Disbursement For: ☐ Primary ☒ General  
2012 ☐ Other (specify) ▶

Transaction ID : SE24-0.031853

Full Name (Last, First, Middle Initial) of Payee

DMM MEDIA LLC

Date

M M M /

D D D /

Y Y Y Y Y Y

Mailing Address 3299 K ST NW

SUITE 200

Amount

City

WASHINGTON

State

DC

Zip Code

20007

Purpose of Expenditure  
MEDIACategory/  
Type

Office Sought:

☒

House

State: NV

☐

Senate

District: 03

☐

President

Check One:

☐

Support

☒

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

JOHN OCEGUERA

Calendar Year-To-Date Per Election  
for Office Sought

1371733.25

Disbursement For: ☐ Primary ☒ General  
2012 ☐ Other (specify) ▶

Transaction ID : SE24-0.031910

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

167762.51

(b) SUBTOTAL of Unitemized Independent Expenditures .....▶

(c) TOTAL Independent Expenditures.....▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

KEITH DAVIS

Signature

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y



# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 25 OF 36  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00075820	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	

  

Full Name (Last, First, Middle Initial) of Payee <b>NATIONAL MEDIA RESEARCH PLANNING &amp; PLACEMENT LLC</b>		Date M M / D D / Y Y Y Y Y Y <b>10 / 12 / 2012</b>	
Mailing Address <b>815 SLATERS LANE</b>		Amount <b>179373.97</b>	
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>	Transaction ID : <b>SE24-0.031831</b>
Purpose of Expenditure <b>MEDIA</b>	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: <b>NV</b> <input type="checkbox"/> Senate District: <b>03</b> <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: <b>JOHN OCEGUERA</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>1371733.25</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

  

Full Name (Last, First, Middle Initial) of Payee <b>NATIONAL MEDIA RESEARCH PLANNING &amp; PLACEMENT LLC</b>		Date M M / D D / Y Y Y Y Y Y <b>10 / 12 / 2012</b>	
Mailing Address <b>815 SLATERS LANE</b>		Amount <b>179373.09</b>	
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>	Transaction ID : <b>SE24-0.031836</b>
Purpose of Expenditure <b>MEDIA</b>	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: <b>NV</b> <input type="checkbox"/> Senate District: <b>04</b> <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: <b>STEVEN A HORSFORD</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>1357608.85</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

  

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>358747.06</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

  

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

**KEITH DAVIS**

Signature \_\_\_\_\_ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
**10 / 12 / 2012**

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 26 OF 36  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00075820	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div>	

Full Name (Last, First, Middle Initial) of Payee <b>NATIONAL MEDIA RESEARCH PLANNING &amp; PLACEMENT LLC</b>		Date MM / DD / YYYY <b>10 / 12 / 2012</b>	
Mailing Address <b>815 SLATERS LANE</b>		Amount <b>74788.17</b>	
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>	Transaction ID : <b>SE24-0.031854</b>
Purpose of Expenditure <b>MEDIA</b>	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>NY</b> District: <b>01</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>TIMOTHY BISHOP</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>458603.88</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <b>NATIONAL MEDIA RESEARCH PLANNING &amp; PLACEMENT LLC</b>		Date MM / DD / YYYY <b>10 / 12 / 2012</b>	
Mailing Address <b>815 SLATERS LANE</b>		Amount <b>85661.37</b>	
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>	Transaction ID : <b>SE24-0.031855</b>
Purpose of Expenditure <b>MEDIA</b>	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>NY</b> District: <b>18</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>SEAN P MALONEY</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>832943.18</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<b>160449.54</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

KEITH DAVIS

Signature

[Electronically Filed]

Date

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

**10 / 12 / 2012**

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 27 OF 36  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00075820	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>FP1 STRATEGIES LLC</b>		Date MM / DD / YYYY <b>10 / 12 / 2012</b>	
Mailing Address <b>PO BOX 16504</b>		Amount <b>20350.00</b>	
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22302</b>	Transaction ID : <b>SE24-0.031955</b>
Purpose of Expenditure <b>MEDIA</b>	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>NY</b> District: <b>19</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>JULIAN D SCHREIBMAN</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>1108994.99</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee <b>NATIONAL MEDIA RESEARCH PLANNING &amp; PLACEMENT LLC</b>		Date MM / DD / YYYY <b>10 / 12 / 2012</b>	
Mailing Address <b>815 SLATERS LANE</b>		Amount <b>141089.94</b>	
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>	Transaction ID : <b>SE24-0.031856</b>
Purpose of Expenditure <b>MEDIA</b>	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>NY</b> District: <b>19</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>JULIAN D SCHREIBMAN</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>1108994.99</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<b>161439.94</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

KEITH DAVIS

Signature

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 12 / 2012**

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 28 OF 36  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00075820	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div>	

Full Name (Last, First, Middle Initial) of Payee <b>NATIONAL MEDIA RESEARCH PLANNING &amp; PLACEMENT LLC</b>		Date MM / DD / YYYY <b>10 / 12 / 2012</b>	
Mailing Address <b>815 SLATERS LANE</b>		Amount <b>80634.06</b>	
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>	Transaction ID : <b>SE24-0.031857</b>
Purpose of Expenditure <b>MEDIA</b>	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>NY</b> District: <b>21</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>WILLIAM OWENS</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>493911.20</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <b>NATIONAL MEDIA RESEARCH PLANNING &amp; PLACEMENT LLC</b>		Date MM / DD / YYYY <b>10 / 12 / 2012</b>	
Mailing Address <b>815 SLATERS LANE</b>		Amount <b>157657.10</b>	
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>	Transaction ID : <b>SE24-0.031833</b>
Purpose of Expenditure <b>MEDIA</b>	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>NY</b> District: <b>24</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>DANIEL B MAFFEI</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>929581.93</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<b>238291.16</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

KEITH DAVIS

Signature

[Electronically Filed]

Date

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

**10 / 12 / 2012**

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 29 OF 36  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00075820       </div>	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			
Full Name (Last, First, Middle Initial) of Payee <b>HONOLD COMMUNICATIONS</b>		Date MM / DD / YYYY 10 / 12 / 2012	
Mailing Address 630 BROWN COURT SE		Amount 20463.93	
City WASHINGTON	State DC	Zip Code 20003	
Purpose of Expenditure MEDIA		Category/ Type	Transaction ID : SE24-0.031912
Name of Federal Candidate Supported or Opposed by Expenditure: CHARLES A WILSON		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 922186.42		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)	
Full Name (Last, First, Middle Initial) of Payee <b>NATIONAL MEDIA RESEARCH PLANNING &amp; PLACEMENT LLC</b>		Date MM / DD / YYYY 10 / 12 / 2012	
Mailing Address 815 SLATERS LANE		Amount 204652.86	
City ALEXANDRIA	State VA	Zip Code 22314	
Purpose of Expenditure MEDIA		Category/ Type	Transaction ID : SE24-0.031830
Name of Federal Candidate Supported or Opposed by Expenditure: CHARLES A WILSON		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 922186.42		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)	
(a) SUBTOTAL of Itemized Independent Expenditures.....		225116.79	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures.....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <u>KEITH DAVIS</u> <div style="text-align: right;">[Electronically Filed]</div>		Date MM / DD / YYYY 10 / 12 / 2012	

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 30 OF 36  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

FEC IDENTIFICATION NUMBER ▼

C

C00075820

Check If ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on

M M M /

D D D /

Y Y Y Y Y Y

Full Name (Last, First, Middle Initial) of Payee

DMM MEDIA LLC

Date

M M M /

D D D /

Y Y Y Y Y Y

Mailing Address 3299 K ST NW

SUITE 200

Amount

City

WASHINGTON

State

DC

Zip Code

20007

Purpose of Expenditure  
MEDIACategory/  
Type

Office Sought:

☒

House

State: OH

☐

Senate

District: 16

☐

President

Check One:

☐

Support

☒

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

BETTY SUTTON

Calendar Year-To-Date Per Election  
for Office Sought

1271271.70

Disbursement For: ☐ Primary ☒ General  
2012 ☐ Other (specify) ▶

Transaction ID : SE24-0.031935

Full Name (Last, First, Middle Initial) of Payee

FABRIZIO MCLAUGHLIN AND ASSOCIATES INC

Date

M M M /

D D D /

Y Y Y Y Y Y

Mailing Address 915 KING ST

2ND FL

Amount

City

ALEXANDRIA

State

VA

Zip Code

22314

Purpose of Expenditure  
SURVEY RESEARCHCategory/  
Type

Office Sought:

☒

House

State: OH

☐

Senate

District: 16

☐

President

Check One:

☐

Support

☒

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

BETTY SUTTON

Calendar Year-To-Date Per Election  
for Office Sought

1271271.70

Disbursement For: ☐ Primary ☒ General  
2012 ☐ Other (specify) ▶

Transaction ID : SE24-0.031932

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶

35633.18

(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶

(c) TOTAL Independent Expenditures..... ▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

KEITH DAVIS

Signature

[Electronically Filed]

Date

M M M /

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# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 31 OF 36  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00075820	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div>	

Full Name (Last, First, Middle Initial) of Payee <b>NATIONAL MEDIA RESEARCH PLANNING &amp; PLACEMENT LLC</b>		Date MM / DD / YYYY <b>10 / 12 / 2012</b>	
Mailing Address <b>815 SLATERS LANE</b>		Amount <b>457102.10</b>	
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>	Transaction ID : <b>SE24-0.031823</b>
Purpose of Expenditure <b>MEDIA</b>	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>OH</b> District: <b>16</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BETTY SUTTON</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>1271271.70</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <b>NATIONAL MEDIA RESEARCH PLANNING &amp; PLACEMENT LLC</b>		Date MM / DD / YYYY <b>10 / 12 / 2012</b>	
Mailing Address <b>815 SLATERS LANE</b>		Amount <b>295040.92</b>	
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>	Transaction ID : <b>SE24-0.031837</b>
Purpose of Expenditure <b>MEDIA</b>	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>PA</b> District: <b>12</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>MARK CRITZ</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>1593354.09</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<b>752143.02</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

KEITH DAVIS

Signature

[Electronically Filed]

Date

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

**10 / 12 / 2012**

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 32 OF 36  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00075820	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-around;"> <div><div>M M M</div><div>10</div></div> <div><div>D D D</div><div>12</div></div> <div><div>Y Y Y Y Y Y</div><div>2012</div></div> </div>	

Full Name (Last, First, Middle Initial) of Payee <b>FP1 STRATEGIES LLC</b>		Date <div style="display: flex; justify-content: space-around;"><div><div>M M M</div><div>10</div></div><div><div>D D D</div><div>12</div></div><div><div>Y Y Y Y Y Y</div><div>2012</div></div></div>	
Mailing Address <b>PO BOX 16504</b>		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">20677.50</div>	
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22302</b>	Transaction ID : <b>SE24-0.031909</b>
Purpose of Expenditure <b>MEDIA</b>		Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>TX</b> District: <b>23</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>PETE GALLEG0</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">1345369.29</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee <b>NATIONAL MEDIA RESEARCH PLANNING &amp; PLACEMENT LLC</b>		Date <div style="display: flex; justify-content: space-around;"><div><div>M M M</div><div>10</div></div><div><div>D D D</div><div>12</div></div><div><div>Y Y Y Y Y Y</div><div>2012</div></div></div>	
Mailing Address <b>815 SLATERS LANE</b>		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">278666.70</div>	
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>	Transaction ID : <b>SE24-0.031835</b>
Purpose of Expenditure <b>MEDIA</b>		Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>TX</b> District: <b>23</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>PETE GALLEG0</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">1345369.29</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;">299344.20</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	<div style="border: 1px solid black; padding: 2px;"></div>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

KEITH DAVIS

Signature

[Electronically Filed]

Date

M M M

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2012



# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 33 OF 36  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

FEC IDENTIFICATION NUMBER ▼

C C00075820

Check If ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on

MM / DD / YYYY  
 MM / DD / YYYY  
 MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee

NORTH STAR OPINION RESEARCH

Date

MM / DD / YYYY  
 10 / 12 / 2012

Mailing Address 112 N ALFRED ST

Amount

18500.00

City  
ALEXANDRIAState  
VAZip Code  
22314

Transaction ID : SE24-0.031908

Purpose of Expenditure  
SURVEY RESEARCHCategory/  
Type

Office Sought: ☒ House State: TX  
☐ Senate District: 23  
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

PETE GALLEG0

Check One: ☐ Support ☒ OpposeCalendar Year-To-Date Per Election  
for Office Sought

1345369.29

Disbursement For: ☐ Primary ☒ General  
 2012 ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

MCLAUGHLIN AND ASSOCIATES INC

Date

MM / DD / YYYY  
 10 / 12 / 2012

Mailing Address 566 S RT 303

Amount

38000.00

City  
BLAUVELTState  
NYZip Code  
10913

Transaction ID : SE24-0.031925

Purpose of Expenditure  
SURVEY RESEARCHCategory/  
Type

Office Sought: ☒ House State: UT  
☐ Senate District: 04  
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

JAMES D MATHESON

Check One: ☐ Support ☒ OpposeCalendar Year-To-Date Per Election  
for Office Sought

1356741.75

Disbursement For: ☐ Primary ☒ General  
 2012 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

56500.00

(b) SUBTOTAL of Unitemized Independent Expenditures .....▶

(c) TOTAL Independent Expenditures.....▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

KEITH DAVIS

[Electronically Filed]

Date

MM / DD / YYYY  
 10 / 12 / 2012

Signature

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 34 OF 36  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00075820
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee <b>NATIONAL MEDIA RESEARCH PLANNING &amp; PLACEMENT LLC</b>		Date MM / DD / YYYY <b>10 / 12 / 2012</b>
Mailing Address <b>815 SLATERS LANE</b>		Amount <b>219507.32</b>
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>
Purpose of Expenditure <b>MEDIA</b>	Category/Type	Transaction ID : <b>SE24-0.031825</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>JAMES D MATHESON</b>		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>UT</b> District: <b>04</b>
Calendar Year-To-Date Per Election for Office Sought <b>1356741.75</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee <b>SRCP MEDIA</b>		Date MM / DD / YYYY <b>10 / 12 / 2012</b>
Mailing Address <b>201 N UNION ST.</b> <b>SUITE 200</b>		Amount <b>22513.00</b>
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>
Purpose of Expenditure <b>MEDIA</b>	Category/Type	Transaction ID : <b>SE24-0.031927</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>JAMES D MATHESON</b>		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>UT</b> District: <b>04</b>
Calendar Year-To-Date Per Election for Office Sought <b>1356741.75</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>242020.32</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

KEITH DAVIS

Signature

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 12 / 2012**

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 35 OF 36  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00075820	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-around;"> <div><div>M M M</div><div>/</div><div>D D D</div><div>/</div><div>Y Y Y Y Y Y</div></div> </div>	

Full Name (Last, First, Middle Initial) of Payee <b>NATIONAL MEDIA RESEARCH PLANNING &amp; PLACEMENT LLC</b>			Date <div style="display: flex; justify-content: space-around;"><div><div>M M M</div><div>/</div><div>D D D</div><div>/</div><div>Y Y Y Y Y Y</div></div><div>10 / 12 / 2012</div></div>	
Mailing Address 815 SLATERS LANE			Amount <div style="border: 1px solid black; padding: 2px;">242848.40</div>	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24-0.031826	
Purpose of Expenditure MEDIA		Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: PATRICK KREITLOW			Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;">1310753.13</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee <b>SRCP MEDIA</b>			Date <div style="display: flex; justify-content: space-around;"><div><div>M M M</div><div>/</div><div>D D D</div><div>/</div><div>Y Y Y Y Y Y</div></div><div>10 / 12 / 2012</div></div>	
Mailing Address 201 N UNION ST. SUITE 200			Amount <div style="border: 1px solid black; padding: 2px;">22263.00</div>	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24-0.031923	
Purpose of Expenditure MEDIA		Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: PATRICK KREITLOW			Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;">1310753.13</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;">265111.40</div>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	<div style="border: 1px solid black; padding: 2px;"></div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

KEITH DAVIS

[Electronically Filed]

Date

Signature

M M M

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Y Y Y Y Y Y

10 / 12 / 2012

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 36 OF 36  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00075820	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M / D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee <b>NATIONAL MEDIA RESEARCH PLANNING &amp; PLACEMENT LLC</b>		Date M M / D D / Y Y Y Y Y Y <b>10 / 12 / 2012</b>	
Mailing Address <b>815 SLATERS LANE</b>		Amount <b>149310.76</b>	
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>	Transaction ID : <b>SE24-0.031848</b>
Purpose of Expenditure <b>MEDIA</b>	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>WV</b> District: <b>03</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>NICK J RAHALL II</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>964871.30</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee		Date M M / D D / Y Y Y Y Y Y	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>149310.76</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	<b>9058145.73</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

KEITH DAVIS

Signature

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y  
**10 / 12 / 2012**